

**EZ-PAY AUTHORIZATION FORM**  
**BREVARD COUNTY WATER RESOURCES**  
**Barefoot Bay Water and Sewer District**

\_\_\_\_\_  
Water Account Number

\_\_\_\_\_  
Customer Name (as it appears on your bill)

\_\_\_\_\_  
Service Address and Street

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Daytime Telephone (with area code)

\_\_\_\_\_  
Type of Account (Circle One)  
CHECKING      SAVINGS

Please return with your voided check or savings account deposit slip to your Barefoot Bay Billing Office, or include this form with your monthly bill payment.

I authorize Brevard County Water Resources, Barefoot Bay Water and Sewer District, to automatically initiate charges (debit entries) to my bank account as indicated herein, and for my bank to accept and post such charges for the payment of all bills rendered to me by Barefoot Bay Water and Sewer District.

Brevard County Water Resources, Barefoot Bay Water and Sewer District, will continue to send me a statement each month approximately 15 days before my bank account is charged. Barefoot Bay Water and Sewer District will impose a processing fee in the event a charge is not paid by my bank.

I understand that I may discontinue this payment service by notifying the Barefoot Bay Billing Office in writing, before the next billing cycle is completed.

Please sign and date this form if you agree to accept these terms as stated above.

\_\_\_\_\_  
Account Holder(s) Signature

\_\_\_\_\_  
Date

Please allow two weeks for your application to be processed. Barefoot Bay Billing will notify you of approval or other action with a message on your bill. Please continue to pay your bill as you normally would until you are notified.